

POSITION	ID NO.	DATE
CLASSIFIER	31	7/19/97
EXAMINER	MUNI	MHU
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	
2	
3	O
4	
5	O
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11	
12	O
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14	O
15	O
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SYMBOLS

✓	Rejected
=	Allowed
-	(Through number) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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